PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031

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TRADEM	Application Number	10/796,869			
TRANSMITTAL	Filing Date	03/08/2004			
FORM	First Named Inventor	Marilyn Geninatti			
	Art Unit	3632			
(to be used for all correspondence after initial filing)	Examiner Name	Jonathon A. Szumny			
Total Number of Pages in This Submission 23	Attorney Docket Number	PHLV0768-001			
	101 0011050				
	ICLOSURES (Check all	that apply) After Allowance Communication to TC			
✓ Fee Transmittal Form	Drawing(s)	The remainded definition to 10			
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences			
Amendment/Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
	Petition to Convert to a	Proprietary Information			
After Final	Provisional Application Power of Attorney, Revocation				
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Date 04/07/2005 Reg. No. 55,022					
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Fees purchant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/796,869 **Application Number**

FEE TRANSMITIAL	Filing Date	03/08/2004
For FY 2005	First Named Inventor	Marilyn Geninatti
7 . "	Examiner Name	Jonathon A. Szumny
✓ Applicant claims small entity status. See 37 CFR 1.27	Art Unit	3632
TOTAL AMOUNT OF PAYMENT (\$) 55.00	Attorney Docket No.	PHLV0768-001

				Art Unit	363	32		
TOTAL AMOUNT OF PAYN	ENT (\$) 55.00		Attorney Docke	et No. PH	ILV0768-001		
METHOD OF PAYMENT	(check	all that apply)						
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FEE CALCULATION								
1. BASIC FILING, SEAR	FILING	G FEES Small Entity	SEAR	CH FEES Small Entity		ATION FEES Small Entity	Fees Pai	id (\$)
<u>Application Type</u> Utility	Fee (\$) 300	<u>Fee (\$)</u> 150	<u>Fee (\$</u> 500		Fee (\$) 200	Fee (\$)	<u>1 ees 1 al</u>	<u>a 141</u>
· ·				250		100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80	-	
Reissue	300	150	500	250	600	300		
Provisional 2. EXCESS CLAIM FEES Fee Description	200 S	100	0	0	0	0	<u>Si</u> Fee (\$)	mall Entity Fee (\$)
Each claim over 20 or, for	Reissu	es, each claim ov	er 20 and	d more than in	the original	patent	50	25
Each independent claim o Multiple dependent claim	S						360	100 180
- 20 or HP = HP = highest number of total cl	aims paid xtra Clai	for, if greater than 20 ms Fee (\$)	Fee	Paid (\$) Paid (\$)	Multiple C	Dependent Clain Fee Pa		
3. APPLICATION SIZE F If the specification and of for each additional 5 Total Sheets	drawing 0 sheets Extra St	or fraction there	eof. See ber of eac)(1)(G) and or fraction the	37 CFR 1.16(s nereof <u>Fee (</u>	s).	all entity) Paid (\$)
4. OTHER FEE(S) Non-English Specific		-	-				Fees \$55.0	s Paid (\$)

SUBMITTED BY	Λ	. N	Λ	
Signature	lanew	Drunat	Registration No. (Attorney/Agent) 55,022	Telephone 602-631-9100
Name (Print/Type)	Carey Brand		· ·	Date 04/07/2005

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In re Application of: Geninatti, Marilyn

Application No.: 10/796,869 Atty. Docket No.: PHLV0768-001 Art Group: 3632

By: Jvonne Vensble

Examiner: Szumny, Jonathon A.

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